Bringing the healthier places agenda into teaching and the architecture studios

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It is widely accepted that climate change, obesity, community infrastructure, air quality and noise pollution are all linked to health risks. However, evidence also shows that each is impacted on by the form of the built environment, and as such, the built environment is seen as an important 'wider determinant of health'. The professionals responsible for our built environment therefore need to understand the consequences of their actions on public health and be aware of their ability to influence the health and well being of the population. Consequently, educational institutions need to be equipped to deliver such health-aware planners, urban designers, architects, and landscape- and transport-professionals.

The Commission for Architecture and the Built Environment (CABE), in their publication "Future health: sustainable places for health and well-being" (CABE 2009), says that for good health not only do we need to modernise the healthcare system and its buildings, but also we need to promote health and wellbeing through encouraging the design of high quality, sustainable places. Health, well-being and the environment are interdependent and we need to take care to design for them together. In "The Architecture of Hope" (2010), the founder of the Maggie's Centres, Charles Jencks,

explains the importance of reconnecting architecture with drivers based on health. This concept goes right back to the Enlightenment, when it was first proposed that good design of the built environment could do more for public health than the medical profession could. However, it is important to differentiate between the architecture of health-care and architecture for health. The first is about curing ill-health whilst the second works towards prevention. Enabling healthy lifestyles means saving health treatment costs, especially important in the context of an aging population and squeezed healthcare budgets.

In a thought provoking report funded by NESTA titled "Danger and Opportunity", Murray (2009) clearly identifies the spiralling costs of the country's deteriorating health and the economic benefits that incorporating health into building design could have, as well as the dangers of not acting quickly. This echoes the Wanless report to the treasury (Wanless 2002) with future scenarios of an unaffordable NHS.

There are encouraging signs in a number of schools of architecture and engineering of a shift towards placing sustainability and interdisciplinarity at the centre of their curricula (EDUCATE, 2011), with sustainability already a curriculum requirement - even though it is currently taught with a very narrow focus on environmental design and materials. There are however no similar signs regarding health.

The Education Network for Healthier Settlements established by the WHO Collaborating Centre for Healthy Cities is leading the field in bringing together educational practitioners to support the health agenda in built environment curricula. The network has uncovered good examples in educational practice such as: live project work by student planners assessing the value of allotments for mental and physical health; adding wellbeing into local spatial planning processes; working with healthy school design; and assessing the benefits of greenspace for physical activity. A CEBE Briefing Guide on 'Bringing Public Health into Built Environment Education' (Bird and Grant, 2011) draws on this work and disseminates it to a wider audience. At Queens University in Belfast, Ellis and colleagues have successfully employed an inter-professional methodology, bringing medical and planning students together to explore the concept of healthy urban planning (Ellis 2008). However, little work has yet been

done to identify ways of introducing this approach to health specifically into the architectural curriculum and the requirements of the accreditation bodies leave very little room for new topics in an already tight timetable.

At UWE, the WHO Collaborating Centre for Healthy Cities supports colleagues in making the essential links between the built environment and public health across a range of areas of study. Over the past five years there has been an increasing degree of collaboration between the WHO Collaborating Centre and architectural studio teaching. For three years, links have been made between the architecture curriculum and health through one of the Design Studio units in the Bachelor of Architecture (RIBA Part II). Whilst initially the design studio teaching unit aimed to develop a speciality in sustainability, it soon become apparent, thanks to the extensive research in the field of health conducted within the department, that health should become the driver for sustainability within the unit. Initially, the unit applied the appraisal methods developed in `Shaping Neighbourhoods` (Barton et al, 2010), which were derived and tested in the WHO Collaborating Centre. However, it soon become clear that the unit could go beyond the usual critique of the relationship between architectural form, materiality and environmental performance, as is often seen in Part II design studios. Responding to increasing awareness of the link between health and sustainability, the students embraced the integration of public health concepts and strategies directly into their studio work.

As part of the Design unit, in 2010-11 a research project is running in parallel to the design projects, introducing health into the architectural curriculum as a major driver for sustainable design. The project, supported by CEBE, establishes a health-related cross-professional development programme for healthy urban environments, which will be disseminated across the higher education sector. In this initial pilot study, a `health practitioner in residence` is introduced into the design studio. The practitioner will make core resources available and enter into discussion with the students over the course of a semester. The students will learn about health and how they can address the issues in their designs. They will then be able to demonstrate an awareness of the links between health, architecture and sustainability.

Once the pilot study is complete and the ideas it has generated have been developed, it is expected that the scheme can be rolled-out across the country, creating a new generation of health-aware architects who design healthier and more sustainable buildings as a result.

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